PRIMARY REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Register's No. 1046 1. FLACE OF DEATH 2. COUNTY D. C. CITY (It outside corporate limits, write RURAL and give 1. STATE MISSOUR 1. C. CITY (It outside corporate limits, write RURAL and give 1. STATE MISSOUR 1. C. CITY (It outside corporate limits, write RURAL and give 1. STATE MISSOUR 1. C. CITY (It outside corporate limits, write RURAL and give 1. STATE MISSOUR 1. C. CITY (It outside corporate limits, write RURAL and give 1. STATE MISSOUR 1. C. CITY (It outside corporate limits, write RURAL and give 1. STATE MISSOUR 1. C. CITY (It outside corporate limits, write RURAL and give 1. STATE MISSOUR 1. C. CITY (It outside corporate limits, write RURAL and give 1. STATE MISSOUR 1. C. CITY (It outside corporate limits, write RURAL and give 1. STATE MISSOUR 1. C. CITY (It outside corporate limits, write RURAL and give 1. STATE MISSOUR 1. C. CITY (It outside corporate limits, write RURAL and give 1. STATE MISSOUR 1. C. CITY (It outside corporate limits, write RURAL and give 1. STATE MISSOUR 1. C. CITY (It outside corporate limits, write RURAL and give 1. STATE MISSOUR 1. C. CITY (It outside corporate limits, write RURAL and give 1. STATE MISSOUR 1. C. CITY (It outside corporate limits, write RURAL and give 1. STATE MISSOUR 1. C. CITY (It outside corporate limits, write RURAL and give 1. STATE MISSOUR 1. C. CITY (It outside corporate limits, write RURAL and give 1. STATE MISSOUR 1. C. CITY (It outside corporate limits, write RURAL and give 1. STATE MISSOUR 1. C. CITY (It outside corporate limits, write RURAL and give 1. STATE MISSOUR 1. C. CITY (It outside corporate limits, write RURAL and give 1. STATE MISSOUR 1. C. CITY (It outside corporate limits, write RURAL and give 1. STATE MISSOUR 1. C. CITY (It outside corporate limits, write RURAL and give 1. STATE MISSOUR 1. C. CITY (It outside corporate limits, write RURAL and give 1. STATE MISSOUR 1. C. CITY (It outside corporate limits, write RURAL and give 1. STATE MISSOUR 1. C. CITY (It outside corporate limits, wr	9	FIED FEB 17 1950 STANDARD CERTIFICATE OF DEATH State File No								
PLACE OF DEATH a. COUNTY a. COUNTY b. COUNTY b. COUNTY b. COUNTY c. CITY (If contride corporate) limits, write RURAL and give c. CITY (If contride corporate) limits c. CITY (If contride corpo			1 1900		212		1003		10	046
D. C.T.Y (It conside component limits, write RURAL and cive township) OR St. LOUIS d. FULL NAME OF (If one is beautiful or institution, eive stress ablives or location) HOSTITUTION Enroute City Hospital 3. NAME in the season of the property of the pr		1. PLACE OF DE	ATH /			II A STATE	DENCE (Where decoas	ed lived. If in		ndinission)
G. FULL NAME OF the last is begind for tartifution, sire street address or location) A. DEFECT ADDRESS TOP Barry		OR				c. CITY (If outside e	corporate limits, write RUR.		nahip)	/ 3 // ()
ANTECEDENT CAUSES AS DECEASED WAITO DECEASED (Type or Print) Marion Lee Smoot Smoot DEATH Jan. 29, 195 S. SEX Male 0 White Divorced 3 100. KIND OF BUSINESS OR IN- Constitutions of the state of the sta	ľ	I MOSDITAL OD				d. STREET ADDRESS	(If rural, give location)		
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER NEVER MARRIED NEVER NEVER MARRIED NEVER NEVER MARRIED NEVER NEV		3 NAME OF DECEASED	a. (First)		b. (Middle)	_ ` :	OF	· ·		
10a. USUAL OCCUPATION (c)new kind of work does during most oversite like were if retired) **THE does during misst of vorking like were if retired) **THE ATHER'S NAME **Unknown** 13a. FATHER'S NAME **Unknown** 15. WAS DECEASED EVER IN U. S. ARMED FORCES? **TO NO		5. SEX 6.	COLOR OR RACE		D. NEVER MARRIED, D. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (I	years IF UNDER	1 YEAR IF	UNDER 14 HRS.
13b. MOTHER'S MANE 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBARD OR WIFE AND MATTER 15. WAS DECEASED EVER IN U. S. ARMED FORCES! (If year, sive war or daise of service) 16. SOCIAL SECURITY NO. 17. INFORMANT'S IGNATURE OR NAME ADDRESS 18. CAUSE OF DEATH 18. CAUSE OF DEATH 19. DISEASE OR CONDITION 10. DISEASE OR CONDITIONS 10. DISE		10a. USUAL OCCUPATIO	ON (Give kind of work ing life, even if retired)	10b. KIND	OF BUSINESS OR IN-	11. BIRTHPLACE (Sta Plains	te or foreign country)	! <u> </u>	COUNT	RY7
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If ym, sive war or dates of service) 10. DO MEDICAL CERTIFICATION INCREDICAL CERTIFICATION INTERVAL BETWEE Inter only one enuscepe Inter or (a), (b), and (c) *This does not mean the mode of dying, such askent follure, esthemic, etc. It means the disc cest, injury, or compileo- tion which caused death. In OTHER SIGNIFICANT CONDITIONS DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 12. ACCIDENT SIGNIFICANT CONDITIONS 21. ACCIDENT SIGNIFICANT CONDITIONS 22. AUTOPSYT YES NO 23. AUTOPSYT YES NO 24. Thereby certify that I altended the deceased from SIGNIFICANT CONTROL ACCIDENT SIGNIFICANT CONTROL WHILEAT NOTWHILE 22. I hereby certify that I altended the deceased from SIGNIFICANT CONTROL (Degree or title) SIGNATURE 22. ATE SKRIE 23. ADDRESS 24. DORES 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADD	ļ	13a. FATHER'S NAME		-			14. NAME OF HUS	=		·
1. CAUSE OF DEATH Rater only one cause per Illino for (a), (b), and (c)		15. WAS DECEASED EVE (Yes. no. or unknown) (II	yee, give war or date	FORCES? 16	SOCIAL SECURITY NO.				_	
ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) as heart failure, asthemia, etc. It means the disciplent cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT (Specity) 21b. PLACE OF INJURY (see, in prabout bome, farm, factory, street, office bidg., see) 10d. TIME (Month) (Day) (Year) (Hour) 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK (AT WORK) 22d. Thereby certify that I attended the deceased from (19 milestory) (Month) (Month) (19 milestory) (Month) (Mo	18. CAUSE OF DEATH Enter only one cause per 1. DISEASE OR CONDITION PROPERTY OF PARTIES.							INTERVA	L BETWEEN	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION YES No		*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the dis- *This does not mean ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) Cerebral Applety the underlying cause last.								
19a. DATE OF OPERATION TION 19b. MAJOR FINDINGS OF OPERATION 21c. ACCIDENT SUICIDE HOMICIDE 21d. Time OF INJURY 10d. Time 10d. (Day) 10d. (Hour)			Conditions contr	ibuting to the dec	ITIONS in the state of the stat	£ 14 * 1				
SUICIDE home, farm. fectory. street. office bldgetc.) 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from		19a. DATE OF OPERA- TION						18 7 5	I	
INJURY MHILE AT NOT WHILE		21a. ACCIDENT SUICIDE HOMICIDE	(Specify)			ZIc. (CITY, TOWN, O	R TOWNSHIP)		33	TATE A
alive on, 19, and that death occurred as 25 Pm., from the causes and on the date stated above. Comparison Comp		21d. TIME (Month) OF INJURY	(Day) (Year)	WHIL	EATT NOT WHILE	21f. HOW DID INJUR	Y OCCUR?			A 4 5
DATE REC'D BY LOCAL REGISTERATES FIGNATURE Constant of the control of the cont		22. I hereby certify that I attended the deceased from, 19, to, 19, that I last alive on, 19, and that death occurred at 258 P m., from the causes and on the date states								deceased
DATE REC'D BY LOCAL REGISTRATE SIGNATURE St. Matthews St. Louis Mo. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		Jatrick	Mayle	v.	Coroner ittle)	13-	Olack.		23. DAT	/ .
(area a control of the control of t		24a. BURIAL, CREMA TION, REMOVAL (Specify Burial /	24b. DAFE 2-48-5(<u> </u>	(State)
The land the		nrc		SIGNATURE		1				Blvd

mie

STATEMENT BY LICENSED EMBALMER

Signed Eens R. Calwell

Licensed Embalmer No. 4077

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.